

FORM A **Page 1 of 9**
For use by Members, officers, and employees

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202-225-6506

(Daytime Telephone)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives		State: <u>NY</u> District: <u>18</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: 	Termination Date: 	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination				

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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LEGISLATIVE RESOURCE CENTER

SCHEDULE I - EARNED INCOME

Name NITA M. LOWEY

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Lowey Dannenberg Cohen & Hart, P.C.	Spouse earned income	N/A
NY State & Local Employees Retirement System	Filer's pension (for employment prior to current House of Representatives membership)	\$10,065.44

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NITA M. LOWEY

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BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because the value should be "None."</p>	<p>Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	3M Co	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	Arbiter Partners (not self directed) - Hedge Fund	\$1,000,001 - \$5,000,000	DIVIDENDS/ CAPITAL GAINS	\$100,001 - \$1,000,000	
SP	Avatar Holdings	\$1,001 - \$15,000	CAPITAL GAINS	\$5,001 - \$15,000	PS(part)
SP	Brownstone Catalyst Fund - IRA	\$1,000,001 - \$5,000,000	CAPITAL GAINS/INTERES T/DIVIDENDS	\$50,001 - \$100,000	
SP	Cadigan Partners	\$250,001 - \$500,000	None	NONE	
JT	Chase Bank (checking)	\$1,001 - \$15,000	Interest	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NITA M. LOWEY

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JT	Citibank Checking and Savings	\$1,000,001 - \$5,000,000	INTEREST	\$201 - \$1,000	
SP	Diker Micro-Value Fund	\$250,001 - \$500,000	CAPITAL GAINS/DIVIDEN DS/INTEREST	\$2,501 - \$5,000	

SP	Federated/ Kaufmann Mutual Fund - IRA	\$1,000,001 - \$5,000,000	DIVIDENDS/CAP ITAL GAINS	\$100,001 - \$1,000,000	
JT	Fidelity Money Market Fund	\$500,001 - \$1,000,000	INTEREST/DIVID ENDS	\$5,001 - \$15,000	
JT	Glickenhau & Co.	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Glickenhau & Co. - Triad Fund	\$1,000,001 - \$5,000,000	INTEREST/DIVID ENDS/CAPITAL GAINS	\$50,001 - \$100,000	

SP	Helmerich & Payne	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Ingalls & Snyder Value Fund	\$1,000,001 - \$5,000,000	Interest/Capital gains	\$100,001 - \$1,000,000	
SP	Johnson & Johnson	\$15,001 - \$50,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	
SP	Kraft Foods	None	CAPITAL GAINS/DIVIDEN DS	\$15,001 - \$50,000	S

SP	Lowey Dannenberg Bemporad & Selinger Profit Sharing Plan	\$1,000,001 - \$5,000,000	NONE	NONE	
SP	Lowey Dannenberg Cohen & Hart, PC - Ownership interest in law firm	\$1,000,001 - \$5,000,000	See Schedule I	N/A	

SP	Lowey Family Investment LLC (see footnote)	\$1,000,001 - \$5,000,000	Capital Gains	\$100,001 - \$1,000,000	
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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	M.D. Sass Multistrategy (not self directed) - Hedge Fund	None	CAPITAL GAINS	\$1,001 - \$2,500	S
SP	M.D. Sass/Macquarie Financial Strategies - Private Equity Fund	\$500,001 - \$1,000,000	CAPITAL GAINS	\$15,001 - \$50,000	
SP	Market Vectors ETF TR Gold Miners ETF Fd	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
SP	MMI Investments/ Millicap Advisors (not self directed) - Hedge Fund	\$1,000,001 - \$5,000,000	INTEREST/DIVIDENDS/CAPITAL GAINS	\$5,001 - \$15,000	
SP	New Silk Route Fund - Private Equity Fund (Amended)	\$100,001 - \$250,000	CAPITAL GAINS	\$1,001 - \$2,500	P
SP	Newmont Mining	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	NY Muni Cash Fund* - see footnote	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
	NYS Def. Compensation Plan/401K	\$50,001 - \$100,000	DIVIDENDS/INTEREST	\$15,001 - \$50,000	
	Oppenheimer & Close IRA (see attachment)	\$100,001 - \$250,000	N/A	N/A	
SP	Oppenheimer & Close Limited Partnership (not self directed) - Hedge Fund	\$500,001 - \$1,000,000	CAPITAL GAINS/INTEREST/DIVIDENDS	\$50,001 - \$100,000	
SP	Oppenheimer & Spence Investment Pp. (not self directed) - Hedge Fund	\$500,001 - \$1,000,000	Dividends/Capital Gains/INTEREST	\$50,001 - \$100,000	
SP	P. Oppenheimer Investment Pp. (not self directed) - Hedge Fund	\$1,000,001 - \$5,000,000	Dividends/Capital Gains/INTEREST	\$50,001 - \$100,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Pequot Partners Fund (not self directed) - Hedge Fund	\$250,001 - \$500,000	DIVIDENDS/CAPITAL GAINS /INTEREST	NONE	S(part)
SP	Pfizer	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	Santa Monica Ptnrs (not self directed) - Hedge Fund	\$250,001 - \$500,000	INTEREST/DIVIDENDS/CAPITAL GAINS	\$5,001 - \$15,000	
SP	Schelcher-Prince	\$250,001 - \$500,000	INTEREST	\$2,501 - \$5,000	
SP	Seacor Holdings	\$50,001 - \$100,000	NONE	NONE	
SP	Superior Industries	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDENDS	\$201 - \$1,000	
SP	United States Treasury Bills	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE IV - TRANSACTIONS

Name NITA M. LOWEY

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	3M	P	N/A	3/2/09	\$1,001 - \$15,000
SP	Avatar	S(part)	Yes	8/25/09	\$1,001 - \$15,000
SP	Avatar	P	N/A	2/24/09	\$1,001 - \$15,000
SP	Kraft Foods	S	Yes	9/8/09	\$15,001 - \$50,000
SP	M.D. Sass Multistrategy (not self directed) - Hedge fund	S	Yes	1/2/09	\$100,001 - \$250,000
SP	Market Vectors ETF TR Gold Miners ETF Fd	P	N/A	1/26/09	\$15,001 - \$50,000
SP	New Silk Route Fund - Private Equity Fund (Amended)	P	Yes	1/21/09	\$15,001 - \$50,000
SP	Pequot Partners Fund (not self directed) Hedge Fund	S(part)	No	7/1, 9/1, 11/1/09	\$500,001 - \$1,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name NITA M. LOWEY

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program	5/24 - 6/1/09	NY-Vienna-Dubrovnik-NY	Y	Y	Y	2 days

FOOTNOTES

Name NITA M. LOWEY

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Cash fund for the Oppenheimer & Close SP Account	NY Muni Cash Fund* - see footnote
2	Schedule III	SP owns an interest in Lowey Family Investment LLC, which is invested in Brownstone Investment Group LLC, a privately owned broker-dealer firm.	Lowey Family Investment LLC (see footnote)